1. INTRODUCTION

Ayurveda the Great Healer Science of ancient as well as modern era, maintained its relationship with the Nature & survived a long period of 5000 years, making itself the oldest medical science of present world. The concepts of Ayurveda are based on effects of nature and its components on human body either healthy or diseased. *Amavata* is narrated by the Acharyas after *Samgraha Kala*. *Ama* and *Vata* are the important *samprapti ghataka* of *Amavata* and hence the name of disease. The indigested part of food due to impairment of digestive power is called as *Ama*. *Vata* is vitiated by its *hetus* and further due obstruction by *Ama*. This disease is having bad prognosis. It can be correlated with Rheumatoid Arthritis. Rheumatoid arthritis is an autoimmune disease that causes chronic inflammation of the joints. The disease and drug (*Vaishwanar churna*) were selected to find out cost effective drug for *Amavata*. One sample clinical study was carried out in 30 patients here. Main aim was to study the efficacy of *Vaishwanar Churna* on patients of *Amavata*. After completion of the study all data were subjected to statistical analysis to draw conclusion. Wilcoxon Signed Ranks test has shown significant results in all seven symptoms (P<0.005). Overall moderate relief in symptoms was observed.

**Keywords:** *Amavata*, Rheumatoid Arthritis, *Vaishwanar Churna*, Clinical study.

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Mala-Mutra sanga, Aruchi, Klama are general symptoms of sama Doshá-Dhatu and Mala. Ama can be correlated with Endogenous radicals (formed in cellular metabolism) and Exogenous radicals (formed due to toxins, oxidations, ionizing). Second important factor in Amavata is Vata. Vata excels in strength, roughness, quickness and in causing emergency situations. Vata is present in whole body. But Pakvashaya, Kati, Sakthi, Srotra, Asthi, Sparshendriya, Basti and Pada are said, to be its chief sites. Samanya karma of Vata have mentined in details by Acharya Charaka.

The word Ama and Vata unite to form the term Amavata. This signifies the role of pathogenesis of Ama and Vata in the disease. Rheumatoid arthritis is an autoimmune disease that causes chronic inflammation of the joints. Rheumatoid arthritis can also cause inflammation of the tissue around the joints, as well as other organs in the body. The etiological factors of Amavata are Viruddhahara (Improper Diet), Viruddhacheshta (Improper activities), Mandagni (Impaired digestive power), Nishchalata (Life without hard work), Exercise or Work immediately after taking Snigdha Ahara etc. Symptoms include Agamarda, Aruchi, trushna, Alasya, Jwara, Sandhi Shoola, Sandhi Stabdha, Sadhi Shotha etc. Daha and Raga occurs due to Pitta Anubandha, Shooola due to Vata Anubandha and Staimitya, Kandu and Gaurava due to Kapha Anubandha. Praviddha lakshanas further include systemic symptoms. R.A. may be caused by either Heridity, Infection, Antigen (HLA DR molecules), Nutrion and Metabolism, Endocrine secretions or Autoimmunity. Symptoms include Articular and Extra Articular features. Objective of management are Relief of symptoms and pain, Suppression of active and progressive disease, Conservation and restaoration of function in affected joint, Reduction of inflammation, Preservation of functional capacity, Resolution of the etiopathogenic process and Facilitation of heating. It includes Patient awareness, Physio therapy, Anti-inflammatory drugs (NSAID’s), Disease modifying antirheumatic drugs (DMARD’s), Referral for surgical intervention shoud be considered in chronicity and deformity.

Need for the Study

Due to increasing prevalence of RA in the society and lack of effective medicament, the disease is being chosen for the study. Treatment given for Amavata include DMARDs (Disease Modifying Antirheumatic Drugs), NSAIDS, Steroids and symptomatic treatments according to modern medicine. These drugs are not for cure and directed towards improving quality of life only. They have various side effects on immune system and body. As per Ayurveda though Amavata is mentioned as Atidarun (more troublesome to patients and very hard to treat) lot of herbal, herbo-mineral preparations along with specific Panchakarma modalities are advised to treat it. Lot of patients are being improved and many Vaidyas are getting success to avoid disability of patients to a great extent in day today practice. But presently available modern treatment and commonly used Ayurvedic preparations are costly. Considering the longer duration of therapy each and every patient surely can’t afford its cost. Hence herbal drug like Vaishwanar churna which is cost efective and possible to prepare at home was tested here. It contains Saindhava, Haridra, Ajamoda, Yavani and Shunti. These drugs are easily available at anybody’s home. Hence Vaishwanar Churna was selected for trials in Amavata in the study.

2. OBJECTIVES

♦ To study the efficacy of Vaishwanar Churna on patients individually.
♦ Study of Vaishwanar Churna according to Ayurveda text in detail.
♦ To study the literature on Amavata.

3. METHODS

3.1. Sample

30 patients of Amavata (RA) were selected randomly as per Inclusion and Exclusion criteria.

3.2. Methodology

Present study was carried out in OPD and IPD at Ayurveda Hospital of Hingulambika Ayurvedic Medical College, Kalaburgi Karnataka. All patients were treated with Vaishwanara Churna for 60 days. All Ethical formalities were taken care of and Institutional Ethical Committee of
our college has granted the trials. Data related to History, Examination and Symptom score was recorded in respective Case forms of patients during each follow up. None the patient withdrew from study during trials. After completion of the study all data were subjected to statistical analysis to draw conclusion.

3.3. Clinical study

2.3.1. Inclusion Criteria

- Patients showing classical symptoms of Amavata.
- Age above 20 yrs. and below 60 yrs.
- Both male and female irrespective of occupation, economy, religion etc.
- Patients who are willing to participate in study without any conditions.

2.3.2. Exclusion Criteria

- Patients of age group below 20 yrs. and above 60 yrs.
- Vaatarakta, Sandhigata Vata, STD, Infectious disease.
- CA, CVA, RHD, TB, CCF, IHD, HIV, HBsAg and any other major systemic disorder.
- Joint deformities and Rheumatic Nodules.
- Pregnant and Lactating mother.

2.3.3. Criteria for Withdrawal

- Patients who suffered from any other major illness or emergency during the course.
- Patients who did not attend regular follow ups or did not consume the drug regularly.
- Patients who has shown intolerance or side effects.

2.4. Drug Review

Raw materials (Ghatak dravya) were purchased from market and authenticated in Dept. of Dravyaguna Vidnyan of our college. Vaishwanara Churna20 was prepared with Saindhav (Rock salt),21 Yavanti (Trachyspermum ammannii),22 Ajmoda (Carum roxburghianum),23 Shunthi (Zinziber officinale)24 and Haritaki (Terminalia chebula)25 as per Churna Kalpana26 mentioned in Shrangadhar Samhita. Details are illustrated in Table No. 1.

2.5. Drug Administration methodology

Drug administration methodology is illustrated in Table No. 2.

2.6. Assessment Criteria

2.6.1. Gradations of parameters

Subjective parameters (symptoms) and Gradations (symptom scores) are illustrated in Table No. 3.

2.6.2. Overall Assessment Criteria

Overall Assessment Criteria was defined in the terms of percentages ranging from 00% to 100% in four categories viz. Marked, Moderate, Mild and Poor. Percentages were calculated on the basis of before and after symptom scores.

3. RESULTS AND DISCUSSION

3.1. General observations

Master charts were prepared as per data recorded in Case Forms. Few glimpses on the data are elaborated here. 23 (77%) patients were of age 21 to 40 years and 7 (23%) patients were of 41 to 60 years (Figure No. 1). It means earlier ages are more prone to Amavata. 18 (60%) patients were female while 12 (40%) patients were male (Figure No. 2). Amavata (RA) found more incident in Females than in males. Modern science also stressed the same fact. Patients residing in City were 20 (67%) and in Village were 10 (33%) (Figure No. 3). Sedentary lifestyle is very common in Urban area and hence Urban prevalence of Amavata (RA) might have been found more. Manda agni (22, i.e. 73%) patients were maximum (Figure No. 4). It was found so, because Mandagni is the prime cause of Amavata among all causes. Mandagni is the root cause of Ama formation. Kaphavata (10, i.e. 33%) and Vatakapha (9, i.e. 30%) prakriti patients observed maximum among all prakrities (Figure No. 5). Kapha vitiation and Ama formation are due to the same etiological factors as there Gunas (properties) are the same. It can be said that Kapha and Vata are the basic factors in Amavata Samprapti instead of Ama and Vata. And hence the incidence of those dosha prakriti were also observed the most. Housewives (9, i.e. 30%), Servicemen (7, 23%) and Students (6, i.e. 20%) found the most among all occupations (Figure No. 6). It suggests Sheeta
Viahar and Sedentary works are leading causes of Amavata.

3.2. Changes in symptoms

Overall moderate relief was observed. Relief in symptoms was ranging from 26.19% to 48.78%. Relief in Jwara symptom was the least i.e. 26.19%. Aruchi and Trushna symptoms were relieved the most i.e. 48.78% and 48.28% respectively. % relief in all symptom was as follows - Angamarda: 35.44%, Aruchi: 48.48%, Trushna: 48.28%, Jwara: 26.19, Sandhi shotha: 38.39%, Sandhi shoola: 30.49%, Sandhi stambha: 40.24%. (Table No 5).

3.3. Statistical Analysis

Wilcoxon Signed Ranks test was applied to BT and AT symptom score to decide statistical significance of of observed mean difference at 5% level of significance. In case of all symptoms the test has shown significant difference between BT and AT mean and hence it was finally concluded that, Vaishwanara Churna is significantly effective to reduce Angamarda, Aruchi, Trushna, Jwara, Sandhi shotha, Sandhi shoola and Sandhi stambha in Amavata patients (Table No. 4).

3.4. Overall Assessment

Overall assessment of all 30 patients was calculated in the form of percentages as per before and after symptom scores. Effect of therapy is shown in Table No. 6. Over all Mild improvement (26% to 50%) was observed in 27 patients and 8 symptoms.

3.5. Samprapti of Amavata

Charak defined Chikitsa as Dhatusamya. It means to bring vitiated Doshas in normal state and to repair impairment of Dhatus. Ama formed by Agnimandya gets spreaded by vitiated Vata Dosha in the body. After that Ama affects different Strotas, Hriday and joints generating symptoms like Daurbalya, Gaurava etc.

Samprapti Ghataka in Amavata:


3.6. Mode of action of Vaishwanar Churna

How to break Samprapti of Amavata:

Considering above samprapti ghatakas we should use drug possessing Dipana, Pachana, Strotoshuddhikar, Vibandhahara, Vatahar, Kaphahar, Shothaghna etc. karmas.

Vaishwanar Churna in Amavata:

Langhan, Swedana, Tikta-Katu rasa upyoga, Deepan, Virechana, Snehana, Basti, Ruksha sweda, Valuka pottali sweda etc. are the chikitsa karma for the treatment of disease Amavata. These Langhanadi upakramas are helpful to break Dosha-Dushya sammur-chchana, to destroy Ama and to bring Vata in its normal state. Contents of Vaishwanara Churna (Table No. 1) are Katu-Tikta rasat-maka, Katu vipaki, Laghu, Ruksha gunatmaka and possessing Dipana, Pachana, Vatamulomana, Vibandhahara, Shoola hara, Shotha hara and Kapha-vatakara karmas. Hence Vaishwanara churna destroys Ama and brings Vata in normal state helping relief in symptoms.

3.7. Scope and Limitations

- Single kalpa prayoga like Vaishwanara Churna has given moderate relief in Amavata. Use of Shodhana along with multiple kalpas will give more fruitful results.
- Sample size was very small and there is need to carry out such studies on large number of people.
- Only shamana chikitsa was tried without any Panchakarma and its allied procedures.
- Control drug was not used.

4. CONCLUSION

- Vaishwanar churna provided moderate improvement in symptoms of Amavta.
- People of earlier ages, females, housewives, servicemen, urban people were found most incident in Amavata.
- Only shaman chikitsa takes longer duration to relief symptoms and relief is partial.
- None the patient was withdrew due to adverse effect.
- Vaishwanara Churna is cost effective, easily available and moderately effective in Amavata.
15. REFERENCES

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2. Dr. Brahmananda Tripathi, Editor, (Reprint ed.). Niram Hindi commentary on Ashtang Hriday of Vagbhata, Sutrasthana; Doshopkramaniy Adhyaya: Chapter 13, Verse 25. Varanasi: Chaukhamba Sanskrit Pratishthana, 2009; p. 188.


Subharati Prakashana, 2004; p. 172.

6. TABLES AND FIGURES

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Parameter</th>
<th>Description</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Angamarda</td>
<td>No Bodyache</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bodyache but able to perform daily activities</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bodyache which restricts daily activities</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unable to do movements due to Bodyache</td>
<td>3</td>
</tr>
</tbody>
</table>

Table No. 1. Ingredients and Karmukatva (Vaishwanara Churna)

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Subject</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Drug</td>
<td>Vaishwanar Churna</td>
</tr>
<tr>
<td>2</td>
<td>Matra</td>
<td>5 gm (orally)</td>
</tr>
<tr>
<td>3</td>
<td>Times</td>
<td>BD</td>
</tr>
<tr>
<td>4</td>
<td>Sevana kala</td>
<td>Adhobhaka (Vyanodan)</td>
</tr>
<tr>
<td>5</td>
<td>Anupana</td>
<td>Koshna jala</td>
</tr>
<tr>
<td>6</td>
<td>Duration</td>
<td>60 Days</td>
</tr>
<tr>
<td>7</td>
<td>Follow up</td>
<td>Every 15th day</td>
</tr>
</tbody>
</table>

Table No. 2 Shows Method of drug Administration
2. **Aruchi**  
- Equal willing towards all food substances: 0  
- Willing towards some specific foods: 1  
- Willing towards only one rasa: 2  
- Willing towards only most liking food: 3  

3. **Truṣṇa**  
- Water intake 1-2 liters/24 hrs.: 0  
- Water intake 2-3 liters/24 hrs.: 1  
- Water intake 3-4 liters/24 hrs.: 2  
- Water intake more than 4 liters: 3  

4. **Jwara**  
- Absence of fever: 0  
- Feverish feeling, without rise in temp.: 1  
- Fever up to 100°F: 2  
- Fever above 100°F: 3  

5. **Sandhi Shotha**  
- No swelling: 0  
- Slight swelling: 1  
- Moderate swelling with pain during movement: 2  
- Severe swelling with immobilization of joints: 3  

6. **Sandhi Shoola**  
- No pain: 0  
- Mild pain during movement: 1  
- Even in rest also pain present: 2  
- Unable to move body parts due to pain: 3  

7. **Sandhi Stambha**  
- No joint stiffness: 0  
- Stiffness only in early morning: 1  
- Prolonged stiffness for 2 hrs: 2  
- Stiffness restricts the daily routines: 3  

### Table No. 3 Shows Gradation of Subjective parameters

<table>
<thead>
<tr>
<th>Group</th>
<th>BT/AT</th>
<th>N</th>
<th>Mean</th>
<th>Median</th>
<th>W</th>
<th>P</th>
</tr>
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<tbody>
<tr>
<td><strong>Angamarda</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BT</td>
<td>30</td>
<td>2.633</td>
<td>3</td>
<td>378</td>
<td>&lt;0.0001</td>
<td></td>
</tr>
<tr>
<td>AT</td>
<td>30</td>
<td>1.700</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Aruchi</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BT</td>
<td>30</td>
<td>2.733</td>
<td>3</td>
<td>435</td>
<td>&lt;0.0001</td>
<td></td>
</tr>
<tr>
<td>AT</td>
<td>30</td>
<td>1.400</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Truṣṇa</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BT</td>
<td>30</td>
<td>0.966</td>
<td>2</td>
<td>105</td>
<td>0.0010</td>
<td></td>
</tr>
<tr>
<td>AT</td>
<td>30</td>
<td>0.500</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Jwara</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BT</td>
<td>30</td>
<td>1.400</td>
<td>1</td>
<td>66</td>
<td>0.0010</td>
<td></td>
</tr>
<tr>
<td>AT</td>
<td>30</td>
<td>1.033</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sandhi Shotha</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BT</td>
<td>30</td>
<td>2.367</td>
<td>2</td>
<td>210</td>
<td>&lt;0.0001</td>
<td></td>
</tr>
<tr>
<td>AT</td>
<td>30</td>
<td>1.600</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sandhi Shoola</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BT</td>
<td>30</td>
<td>2.733</td>
<td>3</td>
<td>231</td>
<td>&lt;0.0001</td>
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</tr>
<tr>
<td>AT</td>
<td>30</td>
<td>1.900</td>
<td>2</td>
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</table>
Table No. 4 Statistical Analysis by Wilcoxon Signed Ranks test

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Symptoms</th>
<th>B.T.</th>
<th>A.T.</th>
<th>Relief</th>
<th>%Relief</th>
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<tbody>
<tr>
<td>1</td>
<td>Angamarda</td>
<td>79</td>
<td>51</td>
<td>28</td>
<td>35.44</td>
</tr>
<tr>
<td>2</td>
<td>Aruchi</td>
<td>82</td>
<td>42</td>
<td>40</td>
<td>48.78</td>
</tr>
<tr>
<td>3</td>
<td>Trushna</td>
<td>29</td>
<td>15</td>
<td>14</td>
<td>48.28</td>
</tr>
<tr>
<td>4</td>
<td>Jwara</td>
<td>42</td>
<td>31</td>
<td>11</td>
<td>26.19</td>
</tr>
<tr>
<td>5</td>
<td>Sandhi Shotha</td>
<td>71</td>
<td>48</td>
<td>23</td>
<td>32.39</td>
</tr>
<tr>
<td>6</td>
<td>Sandhi Shoola</td>
<td>82</td>
<td>57</td>
<td>25</td>
<td>30.49</td>
</tr>
<tr>
<td>7</td>
<td>Sandhi Stambha</td>
<td>82</td>
<td>49</td>
<td>33</td>
<td>40.24</td>
</tr>
</tbody>
</table>

Table No. 5. % Relief on basis of symptom scores

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Improvement Grade</th>
<th>Criteria</th>
<th>No. of Patients</th>
<th>No. of Symptoms</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Marked</td>
<td>76% - 100%</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>2</td>
<td>Moderate</td>
<td>51% - 75%</td>
<td>00</td>
<td>01</td>
</tr>
<tr>
<td>3</td>
<td>Mild</td>
<td>26% - 50%</td>
<td>29</td>
<td>10</td>
</tr>
<tr>
<td>4</td>
<td>Poor</td>
<td>00% - 25%</td>
<td>01</td>
<td>00</td>
</tr>
</tbody>
</table>

Table No. 6. Overall Assessment
Graph No. 3. Residence

Graph No. 4. Agni

Graph No. 5. Prakruti

Graph No. 6. Occupation

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